

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 23 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36957

1. PLACE OF BIRTH

County Remiscot Registration District No. 651
Township Little Prairie Primary Registration District No. 5867
City Caruthersville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 138
St. _____ Ward _____

2. FULL NAME

Joseph H. New

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2 1930

I HEREBY CERTIFY, That I attended deceased from October 25, 1930, to Nov. 1, 1930 that I last saw him alive on November 1, 1930, and that death occurred, on the date stated above, at 7:53 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute interstitial ne-
phritis
130

(duration) yrs. 1 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Exposure to wet and cold
(duration) yrs. _____ mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED 128
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No! DATE OF _____

WAS THERE AN AUTOPSY? No!

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Jaest M. Cockfield, M. D.

Nov. 1, 1930 (Address) Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason Cemetery DATE OF BURIAL 11-5 1930

20. UNDERTAKER Wm. Hardin ADDRESS _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Goldsboro
(STATE OR COUNTRY) _____

10. NAME OF FATHER Sandy New

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.C.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.C.
(STATE OR COUNTRY) _____

14. INFORMANT Luby New
(Address) Caruthersville, Mo.

15. FILED Nov. 7, 1930 Ada Martin REGISTRAR

PARENTS

